MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

85

Do not use this space.

File No. 7410

Registered No. 206

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001

Township: St. Joseph — Primary Registration District No.:

City: St. Joseph (No. 1720 Center St. Ward)

2. FULL NAME: Sarah J. Curd

(a) Residence. No. 1720 Center St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAR 25 1932

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Littleton Curd

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 13, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	10	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Penn.

PARENTS

10. NAME OF FATHER: Jacob Gilly

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Penn.

12. MAIDEN NAME OF MOTHER: Lucy Moser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Penn.

14. INFORMANT: Ida Curd
(Address): 1720 Center St.

15. FILED 3-3, 1932 — John R. Bender, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-2 1932

17. I HEREBY CERTIFY, That I attended deceased from 2-29, 1932 to 3-2, 1932 that I last saw h. alive on 3-2, 1932 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:—
Heart disease - hypertension & arteriosclerosis
Myocarditis chr.
8 4 8
9 4 8 (duration) Unknown mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis - Renal
8 4 8 Prostatic right renal
Fall at home Mar 1st (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: 5

IF NOT AT PLACE OF DEATH: home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) W. H. Cable, M. D.

3/3, 1932 (Address) 301 F. S. Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Frazier Mo

DATE OF BURIAL: 3/5 1932

20. UNDERTAKER: H. A. Sullivan

ADDRESS: Gower, Mo.